Case 20-23243-SLM Doc 60 Filed 01/03/22 Entered 01/03/22 13:42:33 Desc Main Document Page 1 of 5

| Fill in this information to identify your case: | | | | | |
|---|------------------|------------------------|-----------|--|--|
| Debtor 1 | | Joseph J. Scarpati | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Melanie Scarpati | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | DISTRICT OF NEW JERSEY | | | |
| Case number (if known) 20-23243 | | | | | |
| | | | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

| info | es complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amender original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | |
|------|--|--------------|---------------------------------|
| Par | t 1: Summarize Your Assets | | |
| | | Your as | s sets f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 325,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 41,829.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 366,829.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | bilities you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 350,252.03 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 7,806.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 265,024.82 |
| | Your total liabilities | \$ | 623,082.85 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 6,699.11 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 6,246.72 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sch | edules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal, | family, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this | box and su | bmit this form to |

Official Form 106Sum

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Debtor 1 Joseph J. Scarpati
Debtor 2 Melanie Scarpati

Case number (if known) 20-23243

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

10,057.27

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tot | al claim |
|--|-----|------------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 7,806.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 185,487.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total . Add lines 9a through 9f. | \$ | 193,293.00 |

| Fill | in this information to identify your o | case: | | | | |
|-------|---|--|-----------------------|--------------------|-------------------|-------------------------------|
| | otor 1 Joseph J. Scarp | | | Che | ck if this is: | |
| | oosepii o. oearp | /uti | | | An amended filing | |
| Deb | otor 2 Melanie Scarpa | ti | | | A supplement show | wing postpetition chapter |
| (Spo | ouse, if filing) | <u></u> | | | 13 expenses as of | the following date: |
| Unit | ted States Bankruptcy Court for the: | DISTRICT OF NEW JERSEY | | - | MM / DD / YYYY | |
| Cas | se number 20-23243 | | | | | |
| (If k | nown) | | | | | |
| O. | fficial Form 106J | | | | | |
| | chedule J: Your Ex | - YNONEGE | | | | 12/15 |
| Be | as complete and accurate as po ormation. If more space is neede mber (if known). Answer every q | ssible. If two married people are d, attach another sheet to this fuestion. | | | | or supplying correct |
| 1. | | <u>u</u> | | | | |
| | ☐ No. Go to line 2. | | | | | |
| | ■ Yes. Does Debtor 2 live in a | separate household? | | | | |
| | ■ No | | | | | |
| | ☐ Yes. Debtor 2 must file | e Official Form 106J-2, <i>Expenses</i> | for Separate House | <i>hold</i> of Deb | tor 2. | |
| 2. | Do you have dependents? | I _{No} | | | | |
| | | Yes. Fill out this information for each dependent | Dependent's relation | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | | □ No |
| | dependents names. | | | | | ☐ Yes |
| | | | | | | □ No |
| | | | | | | ☐ Yes |
| | | | | | | □ No |
| | | | | | | ☐ Yes |
| | | | | | | □ No |
| 3. | De vour expenses include | <u>_</u> | | | _ | ☐ Yes |
| 3. | Do your expenses include expenses of people other than yourself and your dependents' | | | | | |
| exp | | Monthly Expenses bankruptcy filing date unless yo | | | | |
| Inc | lude expenses paid for with non value of such assistance and ha | -cash government assistance if | you know | | | |
| | ficial Form 106l.) | | - | | Your exp | enses |
| 4. | The rental or home ownership payments and any rent for the gr | expenses for your residence. Ir ound or lot. | nclude first mortgage | 4. \$ | S | 2,660.72 |
| | If not included in line 4: | | | | | |
| | 4a. Real estate taxes | | | 4a. \$ | 3 | 0.00 |
| | 4b. Property, homeowner's, or | | | 4b. § | | 0.00 |
| | 4c. Home maintenance, repair | | | 4c. \$ | | 315.00 |
| F | 4d. Homeowner's association | or condominium dues s for vour residence. such as hor | mo oquity loops | 4d. \$ 5. \$ | | 0.00 |
| 5. | Augunonai mortuade payments | ror vour residence. Such as hor | HE EUUILV IOANS | ວ. ເ | , | 0.00 |

| | eph J. Scarpati anie Scarpati | Case num | ber (if known) | 20-23243 |
|--------------|--|--------------|---------------------------------------|----------|
| Utilities: | | | | |
| 6a. Elec | tricity, heat, natural gas | 6a. | \$ | 316.00 |
| 6b. Wate | er, sewer, garbage collection | 6b. | \$ | 0.00 |
| 6c. Tele | phone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 329.00 |
| 6d. Othe | er. Specify: | 6d. | \$ | 0.00 |
| Food and | housekeeping supplies | 7. | \$ | 1,150.00 |
| Childcare | and children's education costs | 8. | \$ | 0.00 |
| Clothing, I | laundry, and dry cleaning | 9. | \$ | 115.00 |
| Personal o | care products and services | 10. | \$ | 85.00 |
| Medical ar | nd dental expenses | 11. | \$ | 290.00 |
| Transport | ation. Include gas, maintenance, bus or train fare. | | | |
| | ude car payments. | 12. | \$ | 145.00 |
| Entertainn | nent, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 50.00 |
| Charitable | contributions and religious donations | 14. | \$ | 0.00 |
| Insurance | | | | |
| | ude insurance deducted from your pay or included in lines 4 or 20. | 4- | • | <u> </u> |
| 15a. Life i | | 15a. | · · | 0.00 |
| | Ith insurance | 15b. | · · · · · · · · · · · · · · · · · · · | 0.00 |
| | icle insurance | 15c. | \$ | 148.00 |
| | er insurance. Specify: | 15d. | \$ | 0.00 |
| Specify: | not include taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 |
| | nt or lease payments: payments for Vehicle 1 | 17a. | \$ | 473.00 |
| | • • | 17a. 17b. | \$ | |
| | payments for Vehicle 2 er. Specify: | 17b. 17c. | \$ | 0.00 |
| | | | | 0.00 |
| | er. Specify: | 17d. | Ф | 0.00 |
| | nents of alimony, maintenance, and support that you did not report as from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | | \$ | 0.00 |
| | ments you make to support others who do not live with you. | | \$ | 0.00 |
| Specify: | | 19. | | 0.00 |
| | property expenses not included in lines 4 or 5 of this form or on Sch | | our Income. | |
| | gages on other property | 20a. | | 0.00 |
| | l estate taxes | 20b. | | 0.00 |
| | perty, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| • | ntenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | neowner's association or condominium dues | 20e. | \$ | 0.00 |
| Other: Spe | | 21. | · | 170.00 |
| | | - | | |
| | your monthly expenses | | \$ | 0.040.70 |
| | nes 4 through 21. | | · | 6,246.72 |
| | line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22c. Add lii | ne 22a and 22b. The result is your monthly expenses. | | \$ | 6,246.72 |
| Calculate | your monthly net income. | | | |
| | y line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 6,699.11 |
| | y your monthly expenses from line 22c above. | 23b. | | 6,246.72 |
| | • | | | -, |
| | tract your monthly expenses from your monthly income. | 00 | ¢ | 452.20 |
| The | result is your monthly net income. | 23c. | \$ | 452.39 |

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: Residence is an older home in need of repairs.Co-debtor requires special diet for her diabetes: Cost of food fluctuates with market conditions.

| Fill in this information to identify your case: | | | | | |
|---|---------------------------|------------------------|-----------|--|--|
| Debtor 1 | Joseph J. Scarpati | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Melanie Scarpati | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | Sankruptcy Court for the: | DISTRICT OF NEW JERSEY | | | |
| Case number (if known) 20-23243 | | | | | |
| | | | | | |

■ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|--|--|
| Did you pay or agree to pay someone who is | NOT an attorney to help you fill out bankruptcy forms? |
| ■ No | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| Under penalty of perjury, I declare that I have that they are true and correct. X /s/ Joseph J. Scarpati Joseph J. Scarpati | read the summary and schedules filed with this declaration and X /s/ Melanie Scarpati Melanie Scarpati |
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date January 2, 2022 | Date January 2, 2022 |